

Appendix B.3 – Sample Timesheet and Mileage Request Form

TIMESHEET and MILEAGE REIMBURSEMENT REQUEST

Mailing Address: PO Box 123, Our Town, USA 81234
81234 Telephone: (555) 555-1234

Physical Address: 123 State Street, Our Town, USA
Fax: (555) 555-5555

Return to the AmeriCorps Seniors RSVP Office by the 10th of the following month

Volunteer Name (Print) _____ Month _____, 20____

Mailing Address _____ City/Zip _____

Station Name _____ Auto Insurance Information on File? **Y** or **N**

Date	Volunteer Assignment	# of Hours	^Start Odometer	^End Odometer	Auto miles	*Meals	*Enter MP if you a meal was provided while serving, BB if you brought a brown bag meal or the actual expense if you paid for a meal and request reimbursement. Leave blank if no meal is received. Meals will be reimbursed consistent with sponsor policy. ^Enter actual start and stop odometer readings for each trip.
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TOTALS							

IMPORTANT!
Please obtain your volunteer station supervisor's original signature before submitting!

For Office Use Only:

Mileage Reimbursement

_____ miles X

_____ per mile =

Total Reimbursement:

\$

VOLUNTEER: By signing below, I certify that this statement and the amount claimed are true, correct and complete to the best of my knowledge. I certify that I possessed a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of this travel. **STATION SUPERVISOR:** By signing below, I certify that to the best of my knowledge this claim is correct and true.

Volunteer Signature Date

Station Supervisor Signature Date

Staff Signature Date